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Department of Ecology  
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ENTERED

## WATER WELL REPORT

STATE OF WASHINGTON

Start Card No. W 20688

UNIQUE WELL I.D. #

Water Right Permit No.

29-2E-1J

(1) OWNER: Name Goss Lakeridge Acres Ass. 9/8 2222 White Fir Place, Freeland, Wa. 98249(2) LOCATION OF WELL: County Island NE 1/4 SE 1/4 Sec 1 T 29 N. R. 2E W.M.(2a) STREET ADDRESS OF WELL (or nearest address) 2222 E. White Fir Pl, Freeland, WA 98249(3) PROPOSED USE: ☐ Domestic ☐ Industrial ☐ Municipal ☐  
☐ Irrigation ☐ Test Well ☒ Other ☐  
☐ DeWater(4) TYPE OF WORK: Owner's number of well (If more than one) 2  
Abandoned ☐ New well ☒ Method: Dug ☐ Bored ☐  
Deepened ☐ Cable ☒ Driven ☐  
Reconditioned ☐ Rotary ☐ Jetted ☐(5) DIMENSIONS: Diameter of well 6 inches.  
Drilled 210 feet. Depth of completed well 210 ft.

## (6) CONSTRUCTION DETAILS:

Casing installed: 6 Diam. from 2 ft. to 200 ft.  
Welded ☒ Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
Liner installed ☐ Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
Threaded ☐ Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.Perforations: Yes ☐ No ☒

Type of perforator used \_\_\_\_\_

SIZE of perforations \_\_\_\_\_ in. by \_\_\_\_\_ in.

\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Screens: Yes ☒ No ☐Manufacturer's Name Houston Screen CompanyType Stainless Steel Model No. \_\_\_\_\_Diam. 5 Slot size 020 from 200 ft. to 210 ft.

Diam. \_\_\_\_\_ Slot size \_\_\_\_\_ from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Gravel packed: Yes ☐ No ☒ Size of gravel \_\_\_\_\_

Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Surface seal: Yes ☒ No ☐ To what depth? 18 ft.Material used in seal Bentonite chipsDid any strata contain unusable water? Yes ☐ No ☒

Type of water? \_\_\_\_\_ Depth of strata \_\_\_\_\_

Method of sealing strata off \_\_\_\_\_

(7) PUMP: Manufacturer's Name Flint & Walling  
Type: Submersible H.P. 5(8) WATER LEVELS: Land-surface elevation 190 ft.  
Static level 181'-11" ft. below top of well Date 5/6/97

Artesian pressure \_\_\_\_\_ lbs. per square inch Date \_\_\_\_\_

Artesian water is controlled by \_\_\_\_\_ (Cap, valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level

Was a pump test made? Yes ☒ No ☐ If yes, by whom? C.T.W. Dr.Yield: 50 gal./min. with 2'-8" ft. drawdown after 4 hrs.

" " " "

" " " "

" " " "

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

Time Water Level Time Water Level Time Water Level

Recovery to static level in lessthan 30 seconds.Date of test May 6, 1997Bailer test 20 gal./min. with 1 ft. drawdown after 1 hrs.

Airtest \_\_\_\_\_ gal./min. with stem set at \_\_\_\_\_ ft. for \_\_\_\_\_ hrs.

Artesian flow \_\_\_\_\_ g.p.m. Date \_\_\_\_\_

Temperature of water \_\_\_\_\_ Was a chemical analysis made? Yes ☒ No ☐

## (10) WELL LOG or ABANDONMENT PROCEDURE DESCRIPTION

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information.

MATERIAL	FROM	TO
Gravelly clay: brown, dry.	0	17
Sands: brown, dry, fine.	17	100
Sand: brown, dry, coarse.	100	190
Sand: brown, water, coarse.	190	197
Sand & gravel: brown, water.	197	209
Gravelly clay: brown.	209	210

RECEIVED

MAY 28 1997

DEPT. OF ECOLOGY

Work Started April 1 19. Completed May 6 19 97

## WELL CONSTRUCTOR CERTIFICATION:

I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

NAME Cable Tool Well Drilling Company  
(PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)Address 11723 194th Ave NE Redmond, Wash.(Signed) [Signature] License No. 0852  
(WELL DRILLER)Contractor's  
Registration  
No. CABLEFTW 13203 Date May 7 19 97

(USE ADDITIONAL SHEETS IF NECESSARY)

Ecology is an Equal Opportunity and Affirmative Action employer. For special accommodation needs, contact the Water Resources Program at (206) 407-6600. The TDD number is (206) 407-6006.



# Well Tagging Form

Unique Well Tag No:

APR 784

## RECORD VERIFICATION (check ☒ one)



Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office near you).

If a well report is not available, please complete a "Water Well Report for an Existing Well" form. This form is available at Ecology's headquarters office. Do not use this form for wells that do not have a Water Well Report.

## WELL OWNERSHIP, IF DIFFERENT FROM WELL REPORT

First Name:

Goss Lakeridge Acres Association

Street Address:

PO Box 1284

City:

Freeland

State:

WA 98249

## LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address:

Parcel 57035-00-00007-2

City:

Freeland

County:

Island

T.

N.

R.

W.M. Sec.

1/4 of the

Latitude

Longitude

Elevation at land surface \_\_\_\_\_ feet/meters (circle one)

SEE BACK SIDE OF PAGE...

# WELL CHARACTERISTICS

Location of Well Identification Tag:

Strapped to well casing

D	C	B	A
E	F	G	H
M	L	K	J
N	P	Q	R

Scale 1:24,000 (1" = 2,000')

Indicate the location of the well within the Section by drawing a dot at that point.

SECTION

7

COMMENTS:

Emergency (back-up) well  
Source 502